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FROM: Otis Littlefield  
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Number of pages with cover page:	17	
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**Comments:**

PLEASE PROCESS THE ATTACHED.

Re: U.S. Patent Application Serial No. 10/031,289  
For: ANTIGENIC MENINGOCOCCAL PEPTIDES  
By: Vega MASIGNANI et al.  
Our Reference: 22300-21002.00

Attached is the following:

1. Request for Continued Examination (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment Under 37 CFR 1.111 (12 pages)

sf-2346253

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032  
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<b>FEE TRANSMITTAL</b> <b>For FY 2007</b> Effective on 12/04/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).		<b>Complete if Known</b> Application Number 10/031,289 Filing Date May 31, 2002 First Named Inventor Vega MASIGNANI Examiner Name S. Devi Art Unit 1845 Attorney Docket No. 223002100200	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$) 1,810	

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1852 Deposit Account Name: Morrison & Foerster LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
9	-20 = 0	50	0.00	360	0.00	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-3 = 0	200	0.00

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		0.00

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1801 Request for continued examination		790.00
253 Extension for response within three months		1,020.00

SUBMITTED BY		Registration No.	48,751	Telephone	(415) 268-8848
Signature		(Attorney/Agent)		Date	August 20, 2007
Name (Print/Type)	Otis Littlefield				

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